

**TABLE 10****Key Factors in Managing Feline Primary Hyperaldosteronism**

<b>Presentation</b>
<ul style="list-style-type: none"> <li>• Hypokalemia, frequently under 3 mEq/L, which may not respond well to supplementation.</li> <li>• Systemic hypertension that may be difficult to control.</li> <li>• Serum sodium concentrations are usually normal.</li> <li>• Plasma aldosterone levels are elevated.</li> <li>• Abdominal ultrasound or other imaging may show adrenal mass.</li> </ul>
<b>Therapeutic Recommendations</b>
<ul style="list-style-type: none"> <li>• Control hypertension.</li> <li>• Supplement potassium.</li> <li>• Use aldosterone receptor blocker.</li> <li>• Consider surgical removal of the adrenal tumor.</li> </ul>
<b>Diagnostic Red Flags for Hyperaldosteronism</b>
<ul style="list-style-type: none"> <li>• Hypokalemia with no obvious cause, which may not respond well to supplementation.</li> <li>• Hypophosphatemia +/- metabolic alkalosis despite azotemia.</li> <li>• Hypertension that is difficult to control with standard doses of medications.</li> <li>• Hypertension without concurrent cardiac or thyroid disease.</li> </ul>
<b>Take-Home Messages for Practice Team Members</b>
<ul style="list-style-type: none"> <li>• Signs of PHA can be subtle in the early stages.</li> <li>• Blood pressure measurement should be a standard of care for adult cats at least annually, and any time a middle-age to older cat presents with nonspecific clinical signs.</li> </ul>

PHA, primary hyperaldosteronism.

**The 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines are available at [aaha.org/endocrine-disease](https://aaha.org/endocrine-disease).**

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